Please type a plus sign (+) inside this box Under the Paperwork Reduction Act of 1995, no persons are required to re-	U. S. Patent and Tradem	
Substitute for form 1449B/PTO	Co	mplete if Known
61PEV	Application Number	09/663,329
INFORMATION DISCLOSURE	Filing Date	September 18, 2000
OFC. 1 8 2000 STATEMENT BY APPLICANT	First Named Inventor	Ronni S. Sterns
DEC 1 8 2000 LIL	Group Art Unit	3713

(use as many sheets as necessary)

Sheet

Examiner Name

Attorney Docket Number

CRT/11842

Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LE item (book, magazine, journal, senal, symposi publisher, city and	TTERS), title of the article (when appropria um, catalog, etc.), date, page(s), volume-is d/or country where published.	ate), title of the ssue number(s),	T ²
(P		C. CAMP, The InterpreCare System: Ove Gerontologist, Vol. 36, No. 6, pp. 321-23		ong-Term Care, The	
			<u> </u>		
_					
<u></u>					
					+
				DEC 21 2000 3700 MAIL ROOM	סדפרוו
			* =	2000 L ROOM	כדו
Examine Signatur	er	kt f-t	Date Considered	£2/4/04	

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

Please	type a	olus	sian	(+)	inside	this	bo
1 10000	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, p	J.9.,	١.,		4113	00

PTO/SB/08B (08-00)
Approviouse through 10/31/2002. OMB 0651-0031
U. S. Patent and Tradema ice: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

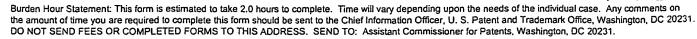
Complete if Known **Application Number** 09/663,329 September 18, 2000 Filing Date First Named Inventor Ronni S. Sterns Group Art Unit 3713 **Examiner Name** Attorney Docket Number CRT/11842

(use as many sheets as necessary) of

		OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS	
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²
K		C. CAMP, The InterpreCare System: Overcoming Language Barriers in Long-Term Care, The Gerontologist, Vol. 36, No. 6, pp. 321-23 (1996).	
•			
·			
		RECEIVED	
		SEP 0 3 2003	
		TECHNOLOGY CENTER R3700	
:			1

Signature Considered 94/09	Examiner Signature	Kt Fet	Date Considered Z/4/0 4
----------------------------	-----------------------	--------	-------------------------

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.



^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.